

06/25/2019 16:56 The Citizens Bank

(FAX)843 374 1999

P.001/009

285531

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2019 - 237 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Williamsburg Tours LLC.

(Please type or print)

Submitted by: Craig Kegler Sr

Telephone: 843-712-0693

Address: 462 Camelia Lane
Lake City SC 29556

Fax: 843-808-1713

Other:

Email: Williamsburgtoursllc@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☒ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☐ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other:

RECEIVED

JUN 26 2019

PSC SC
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VGP

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 6/20/19

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Williamsburg Tours LLC.
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
- 482 Nelson Blvd Kingstree SC 29556
Street Address of Applicant
- 462 Camelia Lane Lake City SC 29560
Mailing Address of Applicant (if different from street address)
- 843-712-0693 843-808-1713
Phone Fax
- Williamsburgtoursllc@yahoo.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and addresses of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Creig Kegler 462 Camelia Lane Lake City SC 29560

Tarnesha Kegler 462 Camelia Lane Lake City SC 29560

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DESCRIPTION OF EQUIPMENT

[illegible]

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INSURANCE QUOTE**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE**

The following insurance quote is for:

Williamsburg Tours LLC.

Name of Applicant

482 Nelson Blvd Kingstree SC 29554

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 5,000,000

Limits _____

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

KMAT Inc.

Name of Insurance Company

15322 Baloxie Ave Ste. 217 Saint Paul, MN 55124

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)Williamsburg Tours LLC.

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Greg A. Kegler
Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

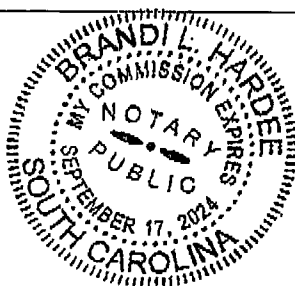
STATE OF SOUTH CAROLINA)

COUNTY OF Florence)

SWORN TO BEFORE ME
This 25 day of June, 20 19

Brandi L. Hardee
Notary Public

Commission Expires September 17, 2024



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Filing ID: 190520-1152163

Filing Date: 05/20/2019

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company -- Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

WILLIAMSBURG TOURS LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
482 Nelson Blvd

(Street Address)

Kingstree, South Carolina 29556

(City, State, Zip Code)

3. The initial agent for service of process is

CREIG KEGLER SR

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

462 Camelia Lane

(Street Address)

Lake city

South Carolina 29560

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) CREIG KEGLER

(Name)

482 Nelson Blvd

(Street Address)

Lake city, South Carolina 29560

(City, State, Zip Code)

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WILLIAMSBURG TOURS LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____

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WILLIAMSBURG TOURS LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

CREIG KEGLER SR.

Signature of Organizer

Date: 05/20/2019

Signature of Organizer

Date:

REVISED
2019/2020 Commercial Insurance Proposal for:

Williamsburg Tours LLC
462 Camelia Lane
Lake City, SC 29560

Effective Dates:
June 20, 2019 to June 20, 2020

Presented by:
Bart Kons, ARM
Chief Operating Officer
KMAT, Inc

June 19, 2020

2019/2020 Commercial Insurance Proposal for:

Williamsburg Tours LLC

◆ **Premium Summary** ◆

Columbia Insurance Company Primary Quote:

Auto Liability Premium \$1,000,000	\$13,127.00
UM - Uninsured Motorist's Coverage	\$656.00
Medical Payments	\$778.00
Physical Damage Premium- Comprehensive	Included
Physical Damage Premium- Collision	\$1,176
Total Primary Premium	\$15,737.00

National Fire & Marine Insurance Company Excess Quote(Non Admitted):

Auto Liability Premium \$4,000,000	\$7,046.00
Surplus Lines Tax	\$434.76
Policy and filing Fee	\$200.00
Total Excess Premium	\$7,680.76

Total Premium

\$23,417.76

2019/2020 Commercial Insurance Proposal for:

Williamsburg Tours LLC

◆ Business Automobile Primary Quote ◆

Insured: Williamsburg Tours LLC

Insurer: Columbia Insurance Company
AM Best Rating: A++ (Superior)
Class Code: XV (\$2 Billion or Greater)

Policy No.: TBD

Policy Period: June 20, 2019 to June 20, 2020

Cancellation: 30 days except 10 days in the event of non-payment of premium

Coverage: Protection for liability to third-parties arising out of the use of any owned auto.

Limits:

\$1,000,000	Liability Combined Single Limit
\$50,000	UM – Uninsured Motorist BI only
\$50,000	UIM – Underinsured Motorist BI only
\$5,000	Medical Payments
\$34,000	Physical Damage - Stated Values

Deductibles:

\$2,500	Comprehensive
\$2,500	Collision

Radius: Over 500 miles

Scheduled Vehicles:

Year	Make	VIN #	Deductible	Value
1999	Prevost	2PCH33492X1012914	\$2,500	\$34,000

Total Value \$34,000

2019/2020 Commercial Insurance Proposal for:**Williamsburg Tours LLC****◆ Business Automobile Excess Quote ◆**

Insured: Williamsburg Tours LLC

Insurer: National Fire & Marine Insurance Company (Non- Admitted)
AM Best Rating: A++ (Superior)
Class Code: XV (\$2 Billion or Greater)

Policy No.: TBD

Policy Period: June 20, 2019 to June 20, 2020

Cancellation: 30 days except 10 days in the event of non-payment of premium

Coverage: Protection for liability to third-parties arising out of the use of any owned auto.

Limits: \$4,000,000 Liability Combined Single Limit

Underlining Limit: \$1,000,000

Conditions To Bind: The following is needed prior to binding coverage:

- All drivers must be reporting before driving and are subject to an additional premium based on experience and driving history
- Drivers with less than 2 years experience are unacceptable
- Based on drivers having clean MVR's
- All vehicles owned, operated or under lease to insured must be scheduled